

JS 44 (Rev. 12/12)

**CIVIL COVER SHEET**

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

**I. (a) PLAINTIFFS**

HEMPHILL, JOCELYN A.

**DEFENDANTS**

THE SCHOOL DISTRICT OF PHILADELPHIA

(b) County of Residence of First Listed Plaintiff Philadelphia  
(EXCEPT IN U.S. PLAINTIFF CASES)

County of Residence of First Listed Defendant Philadelphia  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) Attorneys (Firm Name, Address, and Telephone Number)  
Law Offices of Tamika Washington, P.C., 21 S. 12th Street, Suite 100,  
Philadelphia, PA 19107, (215) 665-9250,  
twashington@twashingtonlaw.com

Attorneys (If Known)

**II. BASIS OF JURISDICTION** (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

**III. CITIZENSHIP OF PRINCIPAL PARTIES** (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   | PTF                        | DEF                        |   | PTF                        | DEF                        |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

**IV. NATURE OF SUIT** (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input checked="" type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

**V. ORIGIN** (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding    ☐ 2 Removed from State Court    ☐ 3 Remanded from Appellate Court    ☐ 4 Reinstated or Reopened    ☐ 5 Transferred from Another District (specify)    ☐ 6 Multidistrict Litigation

**VI. CAUSE OF ACTION**

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):  
Americans with Disabilities Act, "ADA" 42 USC Sec. 12101; Family Medical Leave Act

Brief description of cause:  
Violations of the ADA and FMLA

**VII. REQUESTED IN COMPLAINT:**

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No**VIII. RELATED CASE(S) IF ANY**

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IFP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**CASE MANAGEMENT TRACK DESIGNATION FORM**

JOCELYN A. HEMPHILL	:	CIVIL ACTION
	:	
v.	:	
SCHOOL DISTRICT OF PHILADELPHIA	:	NO.

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

**SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:**

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ( )
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ( )
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ( )
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ( )
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) ( )
- (f) Standard Management – Cases that do not fall into any one of the other tracks. ☒

6-22-2015

Date

215-665-9250

Telephone

Tamika N. Washington

Attorney-at-law

888-811-8925

FAX Number

Plaintiff

Attorney for

twashington@twashingtonlaw.com

E-Mail Address

FOR THE EASTERN DISTRICT OF PENNSYLVANIA — DESIGNATION FORM to be used by counsel to indicate the category of the case for the purpose of assignment to appropriate calendar.

Address of Plaintiff: 7171 N. 20th Street, Philadelphia, PA 19138

Address of Defendant: 440 N. Broad Street, Philadelphia, PA 19130

Place of Accident, Incident or Transaction: Defendant's place of business

(Use Reverse Side For Additional Space)

Does this civil action involve a nongovernmental corporate party with any parent corporation and any publicly held corporation owning 10% or more of its stock?

(Attach two copies of the Disclosure Statement Form in accordance with Fed.R.Civ.P. 7.1(a))

Yes ☐ No ☐

Does this case involve multidistrict litigation possibilities?

Yes ☐ No ☐

RELATED CASE, IF ANY:

Case Number: Judge Date Terminated:

Civil cases are deemed related when yes is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court?  
Yes ☐ No ☒
2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court?  
Yes ☐ No ☒
3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action in this court?  
Yes ☐ No ☒
4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual?  
Yes ☐ No ☒

CIVIL: (Place ☒ in ONE CATEGORY ONLY)

A. Federal Question Cases:

1. ☐ Indemnity Contract, Marine Contract, and All Other Contracts
2. ☐ FELA
3. ☐ Jones Act-Personal Injury
4. ☐ Antitrust
5. ☐ Patent
6. ☐ Labor-Management Relations
7. ☒ Civil Rights
8. ☐ Habeas Corpus
9. ☐ Securities Act(s) Cases
10. ☐ Social Security Review Cases
11. ☐ All other Federal Question Cases  
(Please specify)

B. Diversity Jurisdiction Cases:

1. ☐ Insurance Contract and Other Contracts
2. ☐ Airplane Personal Injury
3. ☐ Assault, Defamation
4. ☐ Marine Personal Injury
5. ☐ Motor Vehicle Personal Injury
6. ☐ Other Personal Injury (Please specify)
7. ☐ Products Liability
8. ☐ Products Liability — Asbestos
9. ☐ All other Diversity Cases  
(Please specify)

ARBITRATION CERTIFICATION

(Check Appropriate Category)

I, Tamika N. Washington, counsel of record do hereby certify:

- ☒ Pursuant to Local Civil Rule 53.2, Section 3(c)(2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs;
- ☐ Relief other than monetary damages is sought.

DATE: 6-22-2015

Attorney-at-Law

93553  
Attorney I.D.#

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

I certify that, to my knowledge, the within case is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: 6-22-2015

Attorney-at-Law

93553  
Attorney I.D.#

**LAW OFFICES OF TAMIKA WASHINGTON, P.C.**

BY: Tamika Washington, Esquire (Attorney I.D. No. 93553)

21 S. 12<sup>th</sup> Street, Suite 100

Philadelphia, PA 19107

Telephone: (215) 665-9250

Attorney for Plaintiff

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

---

**JOCELYN HEMPHILL**

7171 N. 20<sup>th</sup> Street

Philadelphia, PA 19138

v.

**THE SCHOOL DISTRICT OF  
PHILADELPHIA**

440 N. Broad Street

Philadelphia, PA 19130

CIVIL ACTION

No.

**JURY TRIAL DEMANDED**

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**CIVIL ACTION COMPLAINT**

**INTRODUCTION**

1. This action for equitable, monetary and other relief is brought by Plaintiff, JOCELYN HEMPHILL, hereinafter ("Plaintiff") to redress intentional violations by Defendant, SCHOOL DISTRICT OF PHILADELPHIA, of rights secured by the laws of the United States and the statutory law of the Commonwealth of Pennsylvania.

**JURISDICTION AND VENUE**

2. This action is brought pursuant to the Family Medical Leave Act, ("FMLA") 29 U.S.C. § 2601, *et. seq.*, and the Americans with Disabilities Act ("ADA"- 42

U.S.C. §§12101 *et. Seq.*), and Title VII of the Civil Rights Act of 1964, as amended 1991, 42 U.S.C. Section 2000e, *et seq.*

3. This Court has jurisdiction over this action pursuant to 28 U.S.C. §§ 1331, 1343 and 1367.
4. Plaintiff properly exhausted her administrative remedies by timely filing a claim of discrimination with the EEOC and PHRC and by filing the instant lawsuit within 90 days of receiving a right-to-sue letter, which was dated March 25, 2015.
5. Venue is proper in this Court pursuant to 28 U.S.C. § 1391(b)(2), as all of the acts and/or omissions giving rise to the claims set forth herein occurred in this judicial district, rendering Defendant a citizen of the Eastern District of Pennsylvania.

### **PARTIES**

6. Plaintiff is an adult individual, with an address as set forth in the caption.
7. Defendant, SCHOOL DISTRICT OF PHILADELPHIA, is one of the largest school districts in the country, which oversees schools, operations, and employees throughout Philadelphia, Pennsylvania. At all times relevant, Defendant is an employer within the meaning of the applicable legislation cited herein.
8. At all times material hereto, Defendant acted by and through its authorized agents, servants, workers and/or employees, each of whom acted at all times relevant herein in the course and scope of their employment with Defendant, and in

furtherance of Defendant's business.

### **FACTUAL BACKGROUND**

9. Plaintiff incorporates the foregoing paragraphs as though each were fully set forth herein.
10. Plaintiff was hired by Defendant as a general cleaner in or about March of 2002.
11. On or about November, 2009, Plaintiff filed charges of discrimination with the Pennsylvania Human Relations Commission (PHRC) and the Equal Employment Opportunity Commission (EEOC) against the School District of Philadelphia.
12. Plaintiff then filed a lawsuit in this Honorable Court on January 28, 2011, alleging termination on the basis of disability, violations of the Family Medical Leave Act, and retaliation against the School District of Philadelphia.
13. In or about February, 2012, Plaintiff returned to work for Defendant, and was temporarily assigned to Bridesburg Elementary School.
14. Prior to Plaintiff's return to work, Plaintiff had an excellent employee record.
15. In or about July, 2012, Plaintiff was informed that she could no longer work at Bridesburg, and that she should submit a bid for another school.
16. Plaintiff submitted a bid for Roosevelt Middle School, as that school was the only one available at that time.

17. Directly following Plaintiff's transfer to Roosevelt Middle School, Plaintiff received numerous unmerited written reprimands, alleging poor work performance, unauthorized requests for overtime, and insubordination.
18. On October 18, 2012, Plaintiff submitted a note from her doctor to the personnel department and to Kevin Moore, Head of Personnel, which recommended a transfer to another facility for medical reasons. See doctor's note attached hereto as Exhibit "A."
19. From October, 2012 to April 2013, Plaintiff made multiple verbal and written requests to be transferred to another facility.
20. Personnel refused to transfer Plaintiff.
21. Plaintiff was informed by Derek Parker, Facilities Operations Coordinator, that positions were available for transfer.
22. On May 6, 2013, Plaintiff was sent correspondence indicating a recommendation for disciplinary action at a pre-disciplinary conference, allegedly due to Plaintiff's unsatisfactory job performance and insubordination. See May 6, 2013 correspondence to Plaintiff, attached hereto as Exhibit "B."
23. In or about July, 2013, Plaintiff was informed by Yvette Young, Facility Operations Coordinator, that she had spoken to Steve Manor, Head of Management, and that Plaintiff would be transferred to another facility.
24. Plaintiff was not transferred.

25. On or about September 23, 2013, Plaintiff was informed by her colleagues that she would not be transferred to another facility.
26. Defendant failed to notify Plaintiff that she would not be transferred.
27. When Plaintiff informed Young of what she learned, Young finally confirmed that Plaintiff would not be transferred.
28. Defendant provided no reason for its refusal to transfer Plaintiff.
29. On or about September 25, 2013, Plaintiff took sick leave from her position. Plaintiff submitted sick cards that covered the period of time she was out. See Medical Notes attached as Plaintiff's Exhibit C.
30. On October 24, 2013, Plaintiff sent via facsimile Family Medical Leave Act (FMLA) Certification forms to Defendant.
31. Plaintiff received no response from Defendant.
32. On November 8, 2013, Plaintiff again forwarded the required documentation to her employer via certified mail return receipt.
33. On or about November 20, 2013, Petitioner received correspondence from Defendant that a grievance hearing, for violation of School District Sick Leave Policy, was to be held on November 26, 2013.
34. Petitioner was informed during the meeting that the required forms had not been submitted to Defendant.
35. Plaintiff submitted proof that the forms were received by the employer through certified mail.



36. Upon locating the forms, Defendant's representative stated that some of the work dates were missing, and needed to be completed by Plaintiff's physician for Plaintiff to be paid.
37. Defendant gave Plaintiff until December 6, 2013 to submit the completed forms from her physician.
38. The very same day, November 26, 2013, Plaintiff returned to her doctor's office and brought the needed forms directly back to Defendant. *See* forms attached hereto as Exhibit D.
39. Petitioner had the notes date-stamped and was assured by Defendant's employee, Stephanie Unknown, in Health Services, that the notes were sufficient.
40. Plaintiff supplied Defendant with the name of the receptionist for the doctor's office and facilitated communication between the doctor's office and Defendant's employee, Stephanie Unknown.
41. Plaintiff made numerous calls to Defendant regarding the status of her FMLA request, to no avail.
42. Plaintiff was released to return to work for December 31, 2013 and informed Health Services.
43. Health Services instructed Plaintiff to wait for a date to see the employer's physician, and to bring the doctor's note at that time.
44. After Plaintiff submitted the supplemental forms, Defendant gave no indication to Plaintiff that the FMLA certification forms were insufficient.

45. Plaintiff was terminated via letter on January 6, 2014 for a “violation of sick leave policy,” which included failure to submit “additional medical documentation” for her illness. See January 6, 2014 correspondence attached as Exhibit E.

**COUNT I**  
**VIOLATION OF THE AMERICANS WITH DISABILITIES ACT (“ADA”)**

46. Plaintiff incorporates by reference the foregoing paragraphs as though each were fully set forth herein.

47. Plaintiff has and continues to suffer from qualifying disabilities under the ADA because she still suffers from anxiety, headaches, and irritable bowel syndrome when under extreme stress.

48. Plaintiff's disabilities affect her life activities, and at times affect her ability to concentrate, stand, and walk, along with other life activities. However, at all relevant times herein, Plaintiff could have performed all of her job functions under the accommodations she requested.

49. Plaintiff believes that a transfer to another facility was a reasonable request for accommodation.

50. Defendant refused to accommodate Plaintiff in violation of the ADA.

**COUNT II**  
**VIOLATION OF THE AMERICANS WITH DISABILITIES ACT("ADA")**  
**(Retaliation)**

51. Plaintiff incorporates by reference the foregoing paragraphs as though each were fully set forth herein.
52. Plaintiff returned to work in 2012 following her 2011 lawsuit against Defendant, alleging discrimination in violation of the ADA.
53. Upon information and belief, Defendant retaliated against Plaintiff by issuing unsubstantiated reprimands almost four months after return to work, and immediately upon her assignment to Roosevelt Middle School, due to her past-protected actions under the ADA.
54. Upon information and belief, Defendant retaliated against Plaintiff by refusing to transfer Plaintiff or otherwise accommodate Plaintiff per doctor's orders.
55. As a direct and proximate result of Defendant's violation, Plaintiff has suffered and will continue to suffer a loss of earnings, loss of earning capacity, loss of benefits, pain and suffering, emotional anguish, loss of life's pleasures, and the cost of attorney's fees and litigation costs.

**COUNT III**  
**VIOLATION OF TITLE VII OF THE CIVIL RIGHTS ACT**  
**(Retaliation)**

56. Plaintiff incorporates by reference the foregoing paragraphs as though each were fully set forth herein.
57. Title VII of the Civil Rights Act of 1964 prohibits retaliation against employees for opposing unlawful discrimination or participating in a protected activity.
58. Plaintiff engaged in a protected activity when she filed an action in the Eastern District of Pennsylvania, alleging discrimination in violation of the ADA, in January, 2011.
59. Plaintiff returned to work for the Defendant in February, 2012 following her 2011 action against Defendant.
60. As set forth above, Plaintiff suffered adverse employment action from Defendant because she reported unlawful discrimination and harassment she received as a member of a protected class.
61. Defendant's conduct in unlawfully retaliating against Plaintiff for reporting unlawful discrimination was deliberate, and was done with malice or with reckless indifference to Plaintiff's federally-protected rights.
62. As a direct and proximate result of Defendant's violation, Plaintiff has suffered and will continue to suffer a loss of earnings, loss of earning capacity, loss of benefits, pain and suffering, emotional anguish, loss of life's pleasures, and the cost of attorney's fees and litigation costs.

**COUNT IV**  
**VIOLATION OF THE FAMILY MEDICAL LEAVE ACT ("FMLA")**

63. Plaintiff incorporates by reference the foregoing paragraphs as though each were fully set forth herein.

64. Plaintiff had been employed by Defendant for more than twelve months and had performed in excess of 1,250 hours of service on behalf of Defendant in the twelve-month period prior to her dismissal.

65. Defendant had employed more than 50 persons for each working day of 20 or more work weeks in 2013 and/or 2014.

66. By virtue of her employment with the Defendant, Plaintiff was entitled to leave from work under the Family Medical Leave Act because she suffered from a serious health condition that her treating physician confirmed.

67. In violation of the Family Medical Leave Act, Defendant failed to notify Plaintiff that her employment would be in jeopardy if she did not return the required forms from her physician, or if the forms did not have the additional information Defendant requested.

68. In violation of the Family Medical Leave Act, Defendant failed to notify Plaintiff that her employment was in jeopardy after Plaintiff submitted the additional information requested, and then submitted a return-to-work letter.

69. As a direct and proximate result of Defendant's violation, Plaintiff has suffered and will continue to suffer a loss of earnings, loss of earning capacity, loss of

benefits, pain and suffering, emotional anguish, loss of life's pleasures, and the cost of attorney's fees and litigation costs.

**WHEREFORE**, Plaintiff, JOCELYN HEMPHILL, demands judgment in her favor and against Defendant SCHOOL DISTRICT OF PHILADELPHIA, and seeks relief as follows:

A. Defendant is to be prohibited from maintaining its illegal policy, practice or custom of discriminating/retaliating against employees and its to be ordered to promulgate an effective policy against such unlawful acts to and to adhere thereto;

B. Defendant is to compensate Plaintiff, reimburse and make Plaintiff whole for any and all pay and benefits Plaintiff would have received had it not been for Defendant's illegal conduct, including, but not limited to, past lost earnings, future lost earnings, salary, pay increases, bonuses, medical and other benefits, training, seniority, promotions, and pension. Plaintiff should be made whole by receiving the benefits illegally withheld from the date she first suffered retaliation until the date of verdict;

C. Plaintiff is to be awarded punitive or liquidated damages, as permitted by applicable law (s) alleged asserted herein, in an amount appropriate to punish Defendant for its willful, deliberate, malicious and outrageous conduct and to deter Defendant or other employers from engaging in such misconduct in the future;

D. Plaintiff is to be awarded front pay, back pay and punitive damages under

the FMLA;

E. Plaintiff is to be awarded any and all other equitable and legal relief as the Court deems just, proper and appropriate including for emotional distress (as permitted under applicable law(s) asserted herein);

F. Plaintiff is to be awarded attorney's fees, expert witness fees and other costs of the action as provided by applicable federal and state law; and

G. The grant of such other relief as the Court deems just and appropriate.

H. Plaintiff's claims are to receive a trial by jury to the extent allowed by applicable law. Plaintiff has endorsed this demand on the caption of this Complaint in accordance with Federal Rule of Civil Procedure 38 (b).

Respectfully submitted,



TAMIKA N. WASHINGTON, ESQ.  
LAW OFFICES OF TAMIKA WASHINGTON, P.C.  
21 S. 12<sup>th</sup> Street, Suite 100  
PHILADELPHIA, PA 19107  
(215) 665-9250  
(888) 811-8925 (facsimile)  
twashington@twashingtonlaw.com

Dated: 6-22-2015

**LAW OFFICES OF TAMIKA WASHINGTON, P.C.**

BY: Tamika Washington, Esquire (Attorney I.D. No. 93553)

21 S. 12<sup>th</sup> Street, Suite 100

Philadelphia, PA 19107

Telephone: (215) 665-9250

Attorney for Plaintiff

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**JOCELYN HEMPHILL**

7171 N. 20<sup>th</sup> Street

Philadelphia, PA 19138

v.

**THE SCHOOL DISTRICT OF  
PHILADELPHIA**

440 N. Broad Street

Philadelphia, PA 19130

CIVIL ACTION

No.

**JURY TRIAL DEMANDED**

**CERTIFICATE OF SERVICE**

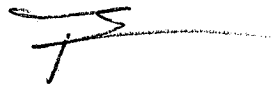
I, Tamika N. Washington, Esquire hereby certify that I served a true and correct copy of the foregoing Plaintiff's Complaint to the following party:

School District of Philadelphia

440 North Broad Street

Philadelphia, PA 19130

(Defendant)



Tamika N. Washington, Esquire  
Attorney for Plaintiff

Dated: 6-22-2015



# **EXHIBIT “A”**

25.25  
11.44  
Jocelyn A. Benfield  
9171 N. 20 Street  
Philadelphia, Pa 19138

215-224-1471

**FAX COVER SHEET**

**DATE:** 10-18-12

**TO:** Kevin Moore

**FAX #** 215 400-4601

**PAGES:** 2

**COMMENTS:** I need to know what  
Schools you can move me to.

MITCHELL A. SCHWARTZMAN, D.O.

WILLIAM GLASSMIRE, P.A.-C.

*Wissinoming Medical Associates, P.C.*

6122 TORRESDALE AVENUE  
PHILADELPHIA, PA 19135  
215-338-6877

re.

10/9/12

JACOBYN THOMPSON

TO WHOM IT MAY CONCERN:

THIS Patient is/remains  
under my care  
and REQUIRES a change  
in building in which  
she may work.

It is a matter  
of Medical Necessity

Yours Truly

William Glassmire, P.A.-C.

## **EXHIBIT “B”**

THE SCHOOL DISTRICT OF PHILDELPHIA  
FACILITIES AND SCHOOL OPERATIONS  
440 NORTH BROAD STREET  
PHILADELPHIA, PA 19130

PRE-DISCIPLINARY CONFERENCE LETTER

Monday, May 6, 2013

Jocelyn Hemphill  
Roosevelt Elementary School  
430 East Washington Lane  
Philadelphia, Pa 19144

Dear Ms. Hemphill:

This letter is to inform you that you are to attend a pre-disciplinary conference on Wednesday, May 8, 2013 at Roosevelt Elementary School in Principal's Conference Room at 11:00 am. The purpose of the conference is to discuss a recommendation for disciplinary action, up to and including dismissal, due to your unsatisfactory job performance and insubordination.

1. On April 11, 2013, you were given a verbal warning for unsatisfactory job performance, for refusing to clean a third floor bathroom in your station.
2. On Monday, April 29, 2013, you were given a written warning for insubordination for refusing to carry out a direction to clean outside by your supervisor.
3. On Friday, May 3, 2013, you were given a verbal warning for insubordination for refusing to carry out a direction to clean by your supervisor.

During the conference, you will have an opportunity to provide information about the performance issue described above.

If you have any questions, please let me know.

Sincerely,

  
Yvette Young

Cc: Ralph Zambrano  
Steve Manna  
Kevin Moore  
John Whitehead  
Edward Goode

# **EXHIBIT “C”**

<b>REQUEST FOR PERSONAL ILLNESS ABSENCE</b>		<b>THE SCHOOL DISTRICT OF PHILADELPHIA</b> 55 N. 22nd STREET PHILADELPHIA, PA 19103-1396			
SECTIONS I AND II MUST BE COMPLETED BY EMPLOYEE. CARDS WITH INCOMPLETE INFORMATION WILL NOT BE PROCESSED. SECTION III MUST BE COMPLETED BY THE PHYSICIAN. CARDS MUST BE SUBMITTED FOR EACH PAYROLL PERIOD - NOT TO EXCEED 10 DAYS. EMPLOYEE RECEIVING BENEFITS MAY NOT LEAVE THE CITY WITHOUT APPROVAL FROM EXEC. DIRECTOR OF HUMAN RESOURCES.					
<b>SECTION I - EMPLOYEE</b>					
EMPLOYEE NAME: (Last) <u>Hemphill</u>		(First) <u>Jocelyn</u>		(Middle) <u>A</u>	SOCIAL SECURITY NO.: <u>203-44-3446</u>
ADDRESS: (Street) <u>7171 N. 20 Street</u>		(Apt. Name)	(Apt. No.)	(City) <u>Phila</u>	(State) <u>PA</u> (Zip Code) <u>19108</u>
HOME TELEPHONE NO.: (Area Code) <u>(215) 224-1471</u>		SCHOOL OR OFFICE: _____			
ORGANIZATION AND ORGANIZATION NO.: _____		POSITION: <u>General C/Exec</u>			
NUMBER OF DAYS ABSENT:	FROM: Day - Date - A.M./P.M. <u>9-26-13</u>	TO: Day - Date - A.M./P.M. <u>10-31-13</u>	ANTICIPATED DATE OF RETURN: <u>12-31-13</u>		
SIGNATURE OF EMPLOYEE: <u>Jocelyn Hemphill</u>		SIGNATURE OF PRINCIPAL OR ADMINISTRATOR: _____		DATE: _____	
<b>THIS CARD DOES NOT REPLACE A REPORT FROM YOUR DOCTOR</b>					
SEH-3 PT. 1 (REV. 2/2000) - Comm. Code 61602445418					
<b>SECTION II - EMPLOYEE</b>					
EMPLOYEE AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION					
I, the undersigned, approve the release of all information regarding this illness for which I am requesting personal illness absence in the Division of Employee Health Services, School District of Philadelphia, 55 N. 22nd Street, Philadelphia, PA 19103-1396. I understand this information will be kept confidential.					
SCHOOL OR OFFICE: _____		ORGANIZATION NO.: _____		POSITION: _____	
HOME PHONE NO.: _____		EMPLOYEE NAME: (Please Print) _____			
EMPLOYEE SIGNATURE: _____		SOCIAL SECURITY NO.: _____			
ADDRESS: (Street) _____		(Apt. Name)	(Apt. No.)	(City)	(State) (Zip Code)
DATE: _____					
<b>SECTION III - CERTIFICATION OF PHYSICIAN (Please enter all requested information, fold and mail when completed)</b>					
NAME OF PATIENT: <u>Jocelyn Hemphill</u>		NUMBER OF DAYS ABSENT THIS PAY PERIOD: <u>9-26-13</u>		FROM: (Date - A.M./P.M.) <u>10-31-13</u>	
TO: (Date - A.M./P.M.) <u>11-30-13</u>		I CERTIFY THAT THE ABOVE PATIENT <input checked="" type="checkbox"/> IS OR <input type="checkbox"/> WAS UNDER MY PROFESSIONAL CARE.			
DIAGNOSIS OR REMARKS: <input type="checkbox"/> ILL WITH _____ I.C.D.# _____		FREQUENCY OF VISITS: <u>11/30/13</u>			
COMPLICATIONS: <input type="checkbox"/> WHEELCHAIR-BOUND <input checked="" type="checkbox"/> ILLNESS IN FAMILY - (Relationship to Employee) <u>Anxiety</u>		DATE EMPLOYEE MAY RETURN TO DUTY: <u>11-30-2013</u>			
<input type="checkbox"/> PORTABLE O <sub>2</sub>		(DO NOT INDICATE INDEFINITELY)			
<input type="checkbox"/> AMBULATORY DEVICES (EXPLAIN): _____		DATE EMPLOYEE LAST EXAMINED: <u>10-24-13</u>			
PRINTED NAME OF PHYSICIAN: <u>Mitchell A Schwatzman</u>		M.D. ADDRESS: <u>6100 Tompkins Ave Philadelphia</u>		D.O. _____	
SIGNATURE OF PHYSICIAN: _____		M.D. TELEPHONE NO.: <u>215-338-6677</u>		D.O. _____	
				DATE SIGNED: <u>10/24/13</u>	

# **EXHIBIT “D”**



GHELL A. SCHWARTZMAN, D.O.

WILLIAM GLASSMIRE, P.A.-C.

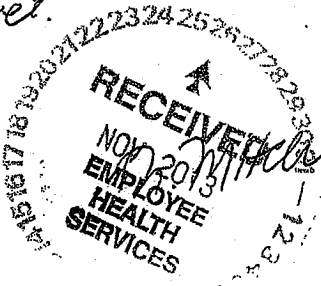
203-44-3446  
see Lyn Hemphill  
P.H.U.B.

Wissinoming Medical Associates, P.C.

6122 TORRESDALE AVENUE  
PHILADELPHIA, PA 19135  
215-338-6677

To whom it may concern,

Our patient Jocelyn Hemphill  
is being treated at our office  
for anxiety which is causing  
headaches. We gave her medication  
and had her follow up with  
neurology. Any questions or  
concerns, feel free to contact  
our office.



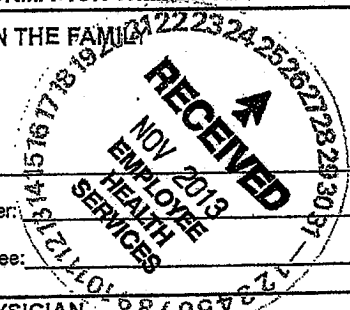
W. Schwartzman  
D.O.  
(4)

NOTE: Top and bottom portions of this form must be filled out in their entirety and returned to Employee Health Services to insure continuation of salary.

<b>REQUEST ABSENCE FOR PERSONAL ILLNESS / ILLNESS IN FAMILY</b>			THE SCHOOL DISTRICT OF PHILADELPHIA EMPLOYEE HEALTH SERVICES - SUITE 134 440 N. BROAD STREET - PHILADELPHIA, PA 19130		
♦ A CARD MUST BE SUBMITTED FOR ABSENCES IN EXCESS OF 3 CONSECUTIVE DAYS - ONE CARD FOR EACH PAYROLL PERIOD, NOT TO EXCEED 10 DAYS.					
♦ FAILURE TO SUBMIT CARDS MAY LEAD TO DISCIPLINARY ACTION.					
♦ EMPLOYEES ON LONG-TERM ILLNESS/ILLNESS IN FAMILY MAY NOT LEAVE THE CITY WITHOUT PRIOR APPROVAL FROM EMPLOYEE HEALTH SERVICES.					
▶ SECTION I - (SECTIONS I AND II COMPLETED BY EMPLOYEE)					
Employee's Last Name <u>Hemphill</u>	First Name <u>Jocelyn</u>	M.I. <u>A</u>	Social Security No. <u>[REDACTED]</u>	Date	
Home Address <u>7171 N. 20th St.</u>	City <u>Phila.</u>	State <u>Pa.</u>	Zip Code <u>19138</u>	Home Phone <u>215-224-1471</u>	
Work Location (School/Office) <u>Roosevelt School</u>	Organization No.	Position Title <u>General Cleaner</u>			
Number of Day Absent	From Date (Month/Day/Year)	To Date (Month/Day/Year)	Anticipated Date of Return <u>12-31-13</u>		
Signature of Employee <u>[Signature]</u>		Signature of Principal/Administrator (Employee not required to obtain signature)		Date <u>11/26/13</u>	
=== THIS CARD DOES NOT REPLACE A MEDICAL REPORT FROM YOUR DOCTOR ===					

SEH-3 Part 1 (Rev. 1/09) Comm. Code 61602445418

## ▶ SECTION II - AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION - ALL INFORMATION WILL BE KEPT CONFIDENTIAL

<input checked="" type="checkbox"/> <b>FOR EMPLOYEE ILLNESS</b> I, the undersigned, authorize the release of all information regarding this illness to the Office of Employee Health Services, for which I am requesting personal illness absence.		<input checked="" type="checkbox"/> <b>FOR ILLNESS IN THE FAMILY</b>	
Name of Employee: <u>Jocelyn Hemphill</u>	Name of Employee: <u>[REDACTED]</u>		
Social Security No. <u>[REDACTED]</u>	Name of Family Member: _____		
Signature: <u>Jocelyn Hemphill</u> Date: _____	Relationship to Employee: _____		

## ▶ SECTION III - COMPLETED BY EMPLOYEE'S PHYSICIAN OR FAMILY MEMBER'S PHYSICIAN

Name of Patient: <u>Jocelyn Hemphill</u>	Date of Last Visit: <u>10/5/13</u>
I certify that the above patient is / was under my professional care from (date) <u>9/26/13</u> to <u>12/1/13</u> <u>10/18/13</u>	
The patient's diagnosis/diagnoses: <u>anxiety</u>	
___ Disability From Pregnancy (EDD: _____)	

=== FORGERY OF PHYSICIAN'S SIGNATURE IS SUBJECT TO DISCIPLINARY ACTION ===

Physician's Name: <u>Mitchell A. Schwartzman</u>	Telephone: <u>215-398-6677</u>	Date employee may return to work (Do not indicate indefinitely)
Address: <u>6122 Torresdale</u> City: <u>Phila</u>	State: <u>Pa.</u> Zip Code: <u>19135</u>	
Signature: <u>[Signature]</u>	Date: <u>11/26/13</u>	<u>12/31/13</u>

SEH-3 Part 2 (Rev. 1/09) Comm. Code 61602445418

NOTE: Top and bottom portions of this form must be filled out in their entirety and returned to Employee Health Services to insure continuation of salary.

<b>REQUEST ABSENCE FOR PERSONAL ILLNESS / ILLNESS IN FAMILY</b>				THE SCHOOL DISTRICT OF PHILADELPHIA EMPLOYEE HEALTH SERVICES - SUITE 134 440 N. BROAD STREET - PHILADELPHIA, PA 19130	
<p>♦ A CARD MUST BE SUBMITTED FOR ABSENCES IN EXCESS OF 3 CONSECUTIVE DAYS. ONE CARD FOR EACH PAYROLL PERIOD, NOT TO EXCEED 10 DAYS.</p> <p>♦ FAILURE TO SUBMIT CARDS MAY LEAD TO DISCIPLINARY ACTION.</p> <p>♦ EMPLOYEES ON LONG-TERM ILLNESS/ILLNESS IN FAMILY MAY NOT LEAVE THE CITY WITHOUT PRIOR APPROVAL FROM EMPLOYEE HEALTH SERVICES.</p>					
<b>▶ SECTION I - (SECTIONS I AND II COMPLETED BY EMPLOYEE)</b>					
Employee's Last Name <u>Hempill</u>		First Name <u>Jocelyn A.</u>		M.I. <u>[REDACTED]</u>	
Home Address <u>7171 N. 20th St</u>		City <u>Phila.</u>		State <u>Pa.</u>	Zip Code <u>19138</u>
Work Location (School/Office) <u>Boosvelt School</u>		Organization No.		Position Title <u>Gen Cleaner</u>	
Number of Day Absent	From Date ( Month/Day/Year )		To Date ( Month/Day/Year )		Anticipated Date of Return <u>12/31/13</u>
Signature of Employee <u>Jocelyn Hempill</u>		Signature of Principal/Administrator (Employee not required to obtain signature)			Date
=== THIS CARD DOES NOT REPLACE A MEDICAL REPORT FROM YOUR DOCTOR ===					
SEH-3 Part 1 (Rev. 1/09) Comm. Code 61602445418					
<b>▶ SECTION II - AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION - ALL INFORMATION WILL BE KEPT CONFIDENTIAL</b>					
<input checked="" type="checkbox"/> <b>FOR EMPLOYEE ILLNESS</b> I, the undersigned, authorize the release of all information regarding this illness to the Office of Employee Health Services, for which I am requesting personal illness absence.			<input type="checkbox"/> <b>FOR ILLNESS IN THE FAMILY</b>		
Name of Employee: <u>Jocelyn Hempill</u> Social Security No. <u>[REDACTED]</u> Signature: <u>Jocelyn Hempill</u> Date: _____			Name of Employee: _____ Name of Family Member: _____ Relationship to Employee: _____		
<b>▶ SECTION III - COMPLETED BY EMPLOYEE'S PHYSICIAN OR FAMILY MEMBER'S PHYSICIAN</b>					
Name of Patient: <u>Jocelyn Hempill</u>		Date of Last Visit: <u>10/5/13</u>			
I certify that the above patient is / was under my professional care from (date) <u>9/26/13</u>		to <u>11/1/13</u>			
The patient's diagnosis/diagnoses: <u>anxiety</u>					
Disability From Pregnancy (EDD: _____)					
=== FORGERY OF PHYSICIAN'S SIGNATURE IS SUBJECT TO DISCIPLINARY ACTION ===					
Physician's Name: <u>Michelle A. Schwartz</u>		Telephone: <u>215-338-6677</u>		Date employee may return to work (Do not indicate indefinitely)	
Address: <u>6122 Torresdale Ave</u>		City: <u>Phila</u>		State: <u>Pa</u> Zip Code: <u>19135</u>	
Signature: _____		Date: _____			

SEH-3 Part 2 (Rev. 1/09) Comm. Code 61602445418

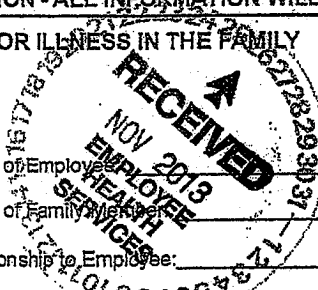
NOTE: Top and bottom portions of this form must be filled out in their entirety and returned to Employee Health Services to insure continuation of salary.

<b>REQUEST ABSENCE FOR PERSONAL ILLNESS / ILLNESS IN FAMILY</b>				THE SCHOOL DISTRICT OF PHILADELPHIA EMPLOYEE HEALTH SERVICES - SUITE 134 440 N. BROAD STREET - PHILADELPHIA, PA 19130	
<p>♦ A CARD MUST BE SUBMITTED FOR ABSENCES IN EXCESS OF 3 CONSECUTIVE DAYS- ONE CARD FOR EACH PAYROLL PERIOD, NOT TO EXCEED 10 DAYS.</p> <p style="text-align: center;">♦ FAILURE TO SUBMIT CARDS MAY LEAD TO DISCIPLINARY ACTION.</p> <p>♦ EMPLOYEES ON LONG-TERM ILLNESS/ILLNESS IN FAMILY MAY NOT LEAVE THE CITY WITHOUT PRIOR APPROVAL FROM EMPLOYEE HEALTH SERVICES.</p>					
<b>▶ SECTION I - (SECTIONS I AND II COMPLETED BY EMPLOYEE)</b>					
Employee's Last Name <u>Hemphill</u>		First Name <u>Jocelyn</u>		M.I. <u>A.</u>	Date <u>11-26-13</u>
Home Address <u>7171 N. 20th St.</u>		City <u>Phila.</u>	State <u>Pa.</u>	Zip Code <u>19138</u>	Home Phone <u>215-234-1471</u>
Work Location (School/Office)		Organization No.		Position Title <u>Gen Cleaner</u>	
Number of Day Absent	From Date ( Month/Day/Year )		To Date ( Month/Day/Year )		Anticipated Date of Return <u>12-31-13</u>
Signature of Employee <u>Jocelyn Hemphill</u>		Signature of Principal/Administrator (Employee not required to obtain signature)			Date
=== THIS CARD DOES NOT REPLACE A MEDICAL REPORT FROM YOUR DOCTOR ===					
SEH-3 Part 1 (Rev. 1/09) Comm. Code 61602445418					
<b>▶ SECTION II - AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION - ALL INFORMATION WILL BE KEPT CONFIDENTIAL</b>					
<input checked="" type="checkbox"/> <b>FOR EMPLOYEE ILLNESS</b> I, the undersigned, authorize the release of all information regarding this illness to the Office of Employee Health Services, for which I am requesting personal illness absence.			<input type="checkbox"/> <b>FOR ILLNESS IN THE FAMILY</b>		
Name of Employee: <u>Jocelyn Hemphill</u>			Name of Employee: _____		
Social Security No. <u>[REDACTED]</u>			Name of Family Member: _____		
Signature: <u>Jocelyn Hemphill</u> Date: _____			Relationship to Employee: _____		
<b>▶ SECTION III - COMPLETED BY EMPLOYEE'S PHYSICIAN OR FAMILY MEMBER'S PHYSICIAN</b>					
Name of Patient: <u>Jocelyn Hemphill</u>		Date of Last Visit: <u>10/5/13</u>			
I certify that the above patient is / was under my professional care from (date) <u>9/26/13</u>		to <u>11/15/13</u>			
The patient's diagnosis/diagnoses: <u>Anxiety</u>					
Disability From Pregnancy (EDD: _____)					
=== FORGERY OF PHYSICIAN'S SIGNATURE IS SUBJECT TO DISCIPLINARY ACTION ===					
Physician's Name: <u>Michael A. Schwartzman</u>		Telephone: <u>215-338-6671</u>		Date employee may return to work (Do not indicate indefinitely)	
Address: <u>6122 Torresdale Ave</u> City: <u>Phila.</u>		State: <u>Pa.</u> Zip Code: <u>19135</u>			
Signature: _____		Date: _____			

SEH-3 Part 2 (Rev. 1/09) Comm. Code 61602445418



NOTE: Top and bottom portions of this form must be filled out in their entirety and returned to Employee Health Services to insure continuation of salary.

<b>REQUEST ABSENCE FOR PERSONAL ILLNESS / ILLNESS IN FAMILY</b>				THE SCHOOL DISTRICT OF PHILADELPHIA EMPLOYEE HEALTH SERVICES - SUITE 134 440 N. BROAD STREET - PHILADELPHIA, PA 19130	
<p>♦ A CARD MUST BE SUBMITTED FOR ABSENCES IN EXCESS OF 3 CONSECUTIVE DAYS- ONE CARD FOR EACH PAYROLL PERIOD, NOT TO EXCEED 10 DAYS.</p> <p>♦ FAILURE TO SUBMIT CARDS MAY LEAD TO DISCIPLINARY ACTION.</p> <p>♦ EMPLOYEES ON LONG-TERM ILLNESS/ILLNESS IN FAMILY MAY NOT LEAVE THE CITY WITHOUT PRIOR APPROVAL FROM EMPLOYEE HEALTH SERVICES.</p>					
<b>▶ SECTION I - (SECTIONS I AND II COMPLETED BY EMPLOYEE)</b>					
Employee's Last Name <u>Hemphill</u>		First Name <u>Jocelyn</u>		M.I. <u>[REDACTED]</u>	Date <u>11-26-13</u>
Home Address <u>7171 N. 20th St.</u>		City <u>Phila.</u>		State <u>Pa.</u>	Zip Code <u>19138</u>
Work Location (School/Office) <u>Briswell</u>		Organization No.		Position Title <u>Per Cleaner</u>	
Number of Day Absent	From Date ( Month/Day/Year )		To Date ( Month/Day/Year )		Anticipated Date of Return <u>12/10/13</u>
Signature of Employee <u>Jocelyn Hemphill</u>		Signature of Principal/Administrator (Employee not required to obtain signature)			Date
=== THIS CARD DOES NOT REPLACE A MEDICAL REPORT FROM YOUR DOCTOR ===					
SEH-3 Part 1 (Rev. 1/09) Comm. Code 61602445418					
<b>▶ SECTION II - AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION - ALL INFORMATION WILL BE KEPT CONFIDENTIAL</b>					
<input checked="" type="checkbox"/> <b>FOR EMPLOYEE ILLNESS</b> I, the undersigned, authorize the release of all information regarding this illness to the Office of Employee Health Services, for which I am requesting personal illness absence.			<input type="checkbox"/> <b>FOR ILLNESS IN THE FAMILY</b>		
Name of Employee: <u>Jocelyn Hemphill</u> Social Security No. <u>[REDACTED] 1-3446</u> Signature: <u>Jocelyn Hemphill</u> Date: _____			<div style="text-align: center;">  </div> Name of Employee: _____ Name of Family Member: _____ Relationship to Employee: _____		
<b>▶ SECTION III - COMPLETED BY EMPLOYEE'S PHYSICIAN OR FAMILY MEMBER'S PHYSICIAN</b>					
Name of Patient: <u>Jocelyn Hemphill</u>		Date of Last Visit: <u>10/5/13</u>			
I certify that the above patient is / was under my professional care from (date) <u>9/26/13</u>		to <u>11/29/13</u>			
The patient's diagnosis/diagnoses: <u>anxiety</u>					
Disability From Pregnancy (EDD: _____ )					
=== FORGERY OF PHYSICIAN'S SIGNATURE IS SUBJECT TO DISCIPLINARY ACTION ===					
Physician's Name: <u>Mitchell A. Schwartzman</u>		Telephone: <u>215-338-6677</u>		Date employee may return to work (Do not indicate indefinitely)	
Address: <u>6122 Torresdale</u> City <u>Phila.</u>		State <u>Pa.</u> Zip Code <u>19135</u>			
Signature: <u>[Signature]</u>		Date: _____			

SEH-3 Part 2 (Rev. 1/09) Comm. Code 61602445418

# **EXHIBIT “E”**

**THE SCHOOL DISTRICT OF PHILADELPHIA  
EDUCATION CENTER**

440 N. BROAD STREET, ROOM 151  
PHILADELPHIA, PENNSYLVANIA 19130

OFFICE OF HUMAN RESOURCES  
Employee Hearings

TELEPHONE (215) 400-5353  
FAX (215) 400-4643

January 6, 2014

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Ms. Jocelyn Hemphill  
7171 N. 20<sup>th</sup> Street  
Philadelphia, PA 19138

ID#: 49286  
General Cleaner  
Roosevelt Elementary School

Dear Ms. Hemphill:

This is to advise you that the Office of Human Resources shall recommend that the School Reform Commission terminate your employment with The School District of Philadelphia, effective immediately. The School District's Payroll Department shall be advised to make the necessary salary adjustments. The charges against you constitute just cause pursuant to the collective bargaining agreement and, in addition, constitute a willful violation of or failure to comply with the school laws of this Commonwealth, and other improper conduct such as to constitute cause pursuant to 24 P.S., Section 5-514 of the Public School Code of 1949. The above charges are based on your conduct set forth below:

You were hired on March 25, 2002.

On November 14, 2013, Ms. Kenney requested that Mr. Theodore Bywalski, Hearing Officer, schedule a hearing for you for: Violation of School District sick leave policy.

On November 20, 2013, you were notified that the hearing had been scheduled for November 26, 2013. Mr. Bywalski's letter informed you that you were entitled to union representation and that if you did not appear for your hearing, based on the testimony and documents presented, a decision would be made in your absence.

Mr. Bywalski conducted the hearing on November 26, 2013. Also present were Ms. Kenney and Mr. James Whitehead, 32 BJ District 1201 Representative. Ms. Kenney presented documentation and testimony that established the following:

- You began to be absent for long term illness effective September 25, 2013.
- You failed to appear for scheduled evaluations by the Medical Director, EHS, on October 30 and November 8, 2013.
- You were put in no pay status effective November 4, 2013.

As a result of the hearing and based in part on you having submitted one mandated sick card that covered the first pay period of your absences, you were afforded the opportunity to provide additional medical documentation by December 6, 2013. You submitted a note from your doctor that was insufficient to substantiate the necessity for your absences. EHS advised Mr. Whitehead that the note you submitted was not sufficient, but you have failed to provide any additional medical documentation.


Based on your violation of School District sick leave policy, Ms. Kenney recommended that you be terminated from employment with the School District of Philadelphia.

Jocelyn Hemphill, page 2

If you wish to appeal this decision, you must act within ten (10) days of receipt of this letter by either (1) submitting a timely written request for a School Reform Commission hearing on your appeal, addressed to Michael A. Davis, General Counsel to the School District of Philadelphia, 440 N. Broad Street, Third Floor, Philadelphia, PA 19130, or, (2) requesting your union to follow the collective bargaining agreement grievance procedure applicable to you. NOTE: You may choose one or the other of these appeal procedures, but not both.

Should you choose not to appeal in a timely fashion, your dismissal will be processed and submitted to the School Reform Commission for affirmation by formal resolution of the Commission.

Very truly yours,



Naomi Wyatt  
Chief Human Resources Officer

/ls

c: C. Kenney, K. Moore, Principal, Michael A. Davis, Esq., District 1201, unemployment, Benefits, Employee Relations, Audit Services, Payroll, Human Resources, Records, Regular Mail